

## TR Leger School of Adult, Alternative and Continuing Education REQUEST FOR TRANSCRIPTS AND DUPLICATE DIPLOMAS

### STUDENT INFORMATION: *(Please Print)*

Last Name	First Name/Middle Name	
Last Name used during school	Other names used	
Current Mailing Address (street, city, postal code)	Mailing address when last attended (if different than current)	
Home Phone  Cell Phone	Email	
Last Secondary School Attended	Last Year of Attendance	OEN – Ontario Education Number <i>(if known)</i>
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <i>(year/month/day)</i>	

### AUTHORIZATION

### DOCUMENTS REQUESTED

*(Check the appropriate boxes)*

Signature of applicant:  _____	<input type="checkbox"/> Ontario Student Transcript # of originals requested:  <input type="checkbox"/> Duplicate Diploma # of copies requested:
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### Checklist of Forms and Supporting Documentation *(to be completed and submitted by student)*

- Completed Request Form
- Completed Signed Authorization Form required for release to a third party
- Photo Identification of requester
- Photo identification of third party (required when a third party is authorized to pick up a transcript)

### FOR OFFICE USE ONLY *(To be completed by Board Staff)*

Date:	Verified by: <input type="checkbox"/> Photo identification
Signature:	<input type="checkbox"/> Other data elements, i.e. courses taken, place of birth, etc. to be used when original photo identification is not possible.